



Mailing Address (P.O. BOXES ALLOWED) Apt, Floor, Room No. City State Zip Code

Home Phone Work Phone Email Address (For Sending Statements, Saves you Money)

Citizenship Status:  U.S. Citizen  Resident Alien  Non-Resident Alien

Employer's Name Employer's Address

Are you Self-Employed?  Yes  No Occupation: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Is the Client or Spouse Employed by, or related to an employee of, any financial institution?  
 YES  NO If yes, which institution? \_\_\_\_\_ (Additional Paperwork may be Needed)

Is Client now or has Client ever been a corporate officer or owner of 10% of any Corporation's Securities?  
 YES  NO If yes, which institution? \_\_\_\_\_ (Additional Paperwork may be Needed)

#### 4. Account set up

##### ACCOUNT OWNER

Trust customers must complete the following and attach copies of those pages of the trust which provide the full name of the trust and all signatures. We will review and store only the portions of the trust containing this requested information.

Full legal name of trust \_\_\_\_\_

For the benefit of \_\_\_\_\_

Date of Trust (mm/dd/yyyy) \_\_\_\_\_

\_\_\_\_\_ or Trust Taxpayer ID number \_\_\_\_\_ State of organization \_\_\_\_\_  
Social Security Number \_\_\_\_\_

Permanent Address (No P.O. BOXES ALLOWED) Apt, Floor, Room No. City State Zip Code

Mailing Address (if different from above) Apt, Floor, Room No. City State Zip Code

Type of Trust \_\_\_\_\_

#### 5. Funding Your Account

1.)  **BY EFT:** You can electronically transfer money between this account and your bank by setting up an electronic funds transfer (EFT). This service is absolutely free and allows you to practice dollar cost averaging in your account. Please note that it usually takes 1-2 business days to establish the link with a financial institution. Most EFT requests are completed within four business days. Deposits received via EFT cannot be withdrawn for 10 business days after they are deposited into your account. Also, transfers that fall on a non-business day will be initiated on the last business day before the transfer date. **The name on the bank account must match the name on the account with us.**

Name on Account: \_\_\_\_\_ Select Frequency:  One Time Transfer  Weekly  Monthly  Quarterly

Account Type:  Checking/Money Market  Savings Bank/Firm Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Please deposit \$ \_\_\_\_\_ into my account \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Account Name (mm/dd/yyyy)

2.)  **BY WIRE:** I am wiring funds to Foliofn from my bank. Please contact us for further instructions. Amount of wire transfer \$ \_\_\_\_\_

3.)  **TRANSFER FROM OTHER FIRM:** I am transferring money or securities from another firm and have included an Account Transfer Form with a copy of my most recent account statement. **Approximate amount of transfer \$** \_\_\_\_\_

### 6. Log in User Name Preference (optional)

You will have online access to your account through our website. Please indicate your User Name preference (at least 8 characters but not more than 12, not case sensitive). Choose your User Name carefully; you will not be able to change it. We cannot guarantee your User Name preference will be applied to your account.

Trustee Name: \_\_\_\_\_ User Name Preference: \_\_\_\_\_

Trustee Name: \_\_\_\_\_ User Name Preference: \_\_\_\_\_

### 7. Signatures and Authorizations

**I/We certify, under penalty of perjury, that on behalf of the Trust, I hereby request Azzad Asset Management to open a Foliofn Account in the name of the Trust listed as account owner on this application in section 4. The Trustees hereby certify the following:**

- 1) The numbers shown on this form are our correct social security/taxpayer identification numbers, and
- 2) I am not subject to backup withholding as a result of a failure to report all interest and dividends, or the Internal Revenue Services has notified me that I am no longer subject to backup withholding. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
- 3) I have read, I understand and I agree to the terms, conditions, and disclosures set forth in the Ethical Wrap Agreement (Investment Advisory Agreement).
- 4) I acknowledge that the information contained in the attached Investor Profile Questionnaire is correct and accurate.
- 5) By signing this Agreement, I acknowledge receipt of a copy of Part II of Azzad's Form ADV with Schedule H, at least forty-eight (48) hours prior to execution of this Agreement, as required by Rule 204-3 under the Act.
- 6) Azzad has the authority to accept instructions relative to the Trust account identified herein from those individuals listed in Sections 2 & 3. The Trustee(s) may execute any documents on behalf of the Trust that you may require. By signing this form, the Trustee(s) hereby certify(ies) that you are authorized to follow the instructions of any Trustee and to deliver, funds, securities or any other assets in the account to any trustee or on any Trustee's instructions, including delivering assets to a Trustee personally. Azzad, in its sole discretion and for its sole protection, may require the written consent of any or all Trustees prior to acting upon the instructions of any Trustee.
- 7) There are no other Trustee(s) of the Trust other than those listed in Section 1 or 2 or identified on a separate piece of paper attached to this application. The attached pages of the Trust document are true copies of the valid legal document currently in effect.

X \_\_\_\_\_  
Signature: Trustee Date

X \_\_\_\_\_  
Signature: Additional Trustee Date

X \_\_\_\_\_  
Signature: Investment Advisor Date

X \_\_\_\_\_  
Approved By: Signature: Azzad Asset Management Date



## Client Account Opening Form

---

Instructions:

1. Advisors should complete Section A.
2. Advisors *or* their clients should complete Sections B and C.
3. All account owners must read the attached Customer Agreement and sign Section D.
4. Please have your client send this form back to you, so you can make a copy.
5. You may want to ask your client to also send a signed check to fund this account.
6. Please send this signed two-page form (and the signed check) to:

**FOLIO Institutional**  
**P.O. Box 3068**  
**Merrifield, Va.**  
**22116-3068**

7. If you need assistance, please call 1-888-485-3456, 24 hours a day, seven days a week.

1. Advisor Information		
Advisor's First Name	Middle Initial	Last Name
Advisor's Firm Name		

3. Account Owner Information		
Account Owner's First Name	Middle Initial	Last Name
Social Security Number/Tax ID No.	Name of Account	

2. Co-Account Owner Information		
Co-Account Owner's First Name	Middle Initial	Last Name
Social Security Number/Tax ID No.	Name of Account	

**D. Account Owner Signatures**

I certify, under penalty of perjury, that

- (1) The number shown on this Account Opening Form is my correct taxpayer identification number, and
- (2) I am not subject to backup withholding as a result of a failure to report all interest and dividends, or the Internal Revenue Service (“IRS”) has notified me that I am no longer subject to backup withholding. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
- (3) I have read, I understand and I agree to the terms and conditions set forth in the attached Customer Agreement.

▶ \_\_\_\_\_ Date \_\_\_\_\_  
signature: Account Holder/Trustee/Custodian/Executor

▶ \_\_\_\_\_ Date \_\_\_\_\_  
Signature: Additional Account Holder/Co-Trustee/Co-Custodian/Co-Executor

▶ \_\_\_\_\_ Date \_\_\_\_\_  
Signature: Additional Account Holder/Co-Trustee/Co-Custodian/Co-Executor

Please Note: All account holders must sign.

# FOLIOfn

INVESTMENTS

## Account Transfer Form

---

Please review the accompanying instructions for important information on completing this form. If you have any questions, please contact us at 1-888-973-7890.

### A. Information About Your FOLIOfn Account

Account Number:

Primary Account Owner Name \_\_\_\_\_ Social Security Number or Tax Identification Number \_\_\_\_\_

Joint Account Owner Name \_\_\_\_\_ Social Security Number or Tax Identification Number \_\_\_\_\_

Joint Account Owner Name \_\_\_\_\_ Social Security Number or Tax Identification Number \_\_\_\_\_

### B. Information About the Account You Are Transferring

**Before you transfer this account, you should wait for any checks that you have written against the account to clear. You should also discontinue any electronic funds transfer (EFT) instructions that you have set up for the account, including recurring investments and distributions.**

Firm, Fund or Distributing Employer Name \_\_\_\_\_ Your Account Number \_\_\_\_\_

Firm, Fund or Distributing Employer Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Account Type:

- |                                     |  |                                  |  |  |
|-------------------------------------|--|----------------------------------|--|--|
| <u>Personal</u>                     | <u>Retirement</u>                        | <u>Employer Sponsored*</u>       | <u>Business**</u>                            | <u>Other**</u>                           |
| <input type="checkbox"/> Individual | <input type="checkbox"/> IRA Rollover    | <input type="checkbox"/> 401(k)  | <input type="checkbox"/> Corporate           | <input type="checkbox"/> Investment Club |
| <input type="checkbox"/> Joint      | <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> 403(b)  | <input type="checkbox"/> LLC                 | <input type="checkbox"/> Trust           |
| <input type="checkbox"/> Custodial  | <input type="checkbox"/> Roth IRA        | <input type="checkbox"/> Pension | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other: _____    |
|                                     | For a Roth IRA,                          |                                  |  |  |
|                                     | Please provide the 5 year aging year:    |                                  | <input type="checkbox"/> Sole Proprietorship |  |
|                                     | _____                                    |                                  |  |  |
|                                     | <input type="checkbox"/> SEP IRA         |                                  |  |  |

\*Please attach a distribution form when transferring employer-sponsored accounts. The employer administering the plan should be able to provide you with the distribution form.

\*\*Please attach documentation that authorizes you to transfer the account, such as a corporate resolution or certification of investment powers.

**C. Account Transfer Instructions**

The firm currently holding your assets will transfer stock and cash using the following rules.

**Stock**

Whole shares will transfer to your FOLIO*fn* account. Fractional shares will be sold and the cash proceeds will transfer to your FOLIO*fn* account. **(You cannot transfer bulletin board stocks, also known as penny stocks, to your FOLIO*fn* account).**

**Cash**

Cash will transfer to your FOLIO*fn* account.

**Certificates of Deposit**

You will need to specify when the cash proceeds of your CD will transfer to your FOLIO*fn* account.

**Other Assets**

The firm currently holding your assets will sell other assets and transfer the cash proceeds to your FOLIO*fn* account.

**Transfer the Following Assets to the FOLIO*fn* Account Described in Section A:**

Transfer My Entire Account

**Stock**

Number of Shares or "All"	Description of Stock (including Stock Symbol)	Sell and Transfer Cash Proceeds to my FOLIO <i>fn</i> Account	Transfer Shares to my FOLIO <i>fn</i> Account
		<input type="checkbox"/> OR <input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> OR <input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> OR <input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> OR <input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> OR <input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> OR <input type="checkbox"/>	<input type="checkbox"/>

I have listed additional stock on the attached *Additional Assets to Transfer Form*.

**Cash**

- Full Transfer. Transfer my entire cash balance.
- Partial Transfer. Transfer the following amount: \$ \_\_\_\_\_

**Certificate of Deposit**

- Redeem my CD immediately. Transfer the cash proceeds to my FOLIO*fn* account. I am aware of and acknowledge any penalty I may incur from an early redemption.
- Redeem my CD at maturity. Then transfer the cash proceeds to my FOLIO*fn* account.  
Maturity Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YYYY)

**Other Assets (Not Including CDS and Stock)**

Number of Shares or "All"	Description of Asset	Sell and Transfer Cash Proceeds to my FOLIO <i>fn</i> Account
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

I have listed additional assets on the attached *Additional Assets to Transfer Form*.

**D. Authorization and Signature**

To the financial institution named in Section B: I authorize you to liquidate any non-transferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance. I authorize you to deduct any outstanding fees due you from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation. If certificates or other instruments in my account are in your physical possession, I instruct you to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable the successor custodian to transfer them in its name for the purpose of sale, when and as directed by me. I understand that upon receiving a copy of these transfer instructions; you will cancel all open orders for my account on your books. I affirm that I have destroyed or returned to you credit/debit cards and/or unused checks issued to me in connection with my securities account. I understand that you will contact me with respect to the disposition of any assets in my securities account that are non-transferable.

I am aware that if I sell any investments in the account specified in Section B and Section C that the cash proceeds will not accrue interest while the sale is being processed.

**Letter of Authorization (LOA) for Joint Account Transfers**  
We are aware of and acknowledge that the account described in Section B will be transferred into the FOLIOfn account described in Section A as specified in this document.

**Age 70 ½ Restrictions- The following restrictions apply to a retirement account transfer:**

If I am over 70 ½, I attest that the securities and funds transferring to FOLIOfn does not include the required minimum distribution for the current year pursuant to Section 401(a) (9) of the Internal Revenue Code.

**Agree to Arbitration to Resolve Disputes**

I agree to resolve all controversies and disputes through arbitration and not the courts as required on the last page of FOLIOfn's customer agreement. I agree that FOLIOfn does not recommend any securities or investments to me.

**YOU MUST ATTACH A COPY OF YOUR MOST RECENT STATEMENT FOR THE ACCOUNT YOU ARE TRANSFERRING**

**BUSINESS, INVESTMENT CLUB AND TRUST ACCOUNTS MUST ATTACH AUTHORIZING DOCUMENTATION**

**EMPLOYER SPONSORED ACCOUNTS MUST ATTACH A DISTRIBUTION FORM**

\_\_\_\_\_  
Primary Account Owner Signature Date (MM/DD/YYYY)

\_\_\_\_\_  
Joint Account Owner Signature Date (MM/DD/YYYY)

\_\_\_\_\_  
Joint Account Owner Signature Date (MM/DD/YYYY)

FIRM USE ONLY		
<b>RECEIVING FIRM: FOLIOfn</b>		
<b>CLEARING NO.: 0728</b>		
<b>CUSTODIAL ACCEPTANCE</b>		MEDALLION SIGNATURE GUARANTEE PROGRAM
PLEASE BE ADVISED THAT FIRSTAR BANK, NA ACCEPTS APPOINTMENT AS SUCCESSOR CUSTODIAN		
SUCCESSOR CUSTODIAN SIGNATURE	DATE	

Sign this form, attach the most recent account statement for the account you are transferring and any other required documentation (an *Additional Assets to Transfer Form*, authorizing documentation or a distribution form) and mail to:

FOLIOfn Investments, Inc.  
PO Box 3068  
Merrifield, VA 22116-3068  
Attn: ACATS

# FOLIOfn

INVESTMENTS

**Additional Assets to Transfer**

---

You can use this page to specify additional assets to transfer to your FOLIOfn account if the space provided on the *Account Transfer Form* is not sufficient. If you are going to attach this page, please make sure you have checked the appropriate box (es) in Section C of the *Account Transfer Form* indicating that you are doing so.

The boxes are located right below the Stock and Other Assets to Transfer tables.

You can make copies of this page if you need additional space to specify assets to transfer.

FOLIOfn Account Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____ Primary Account Owner Name

**Additional Stock**

Number of Shares or "All"	Description of Stock (including Stock Symbol)	Sell and Transfer Cash Proceeds to my FOLIOfn Account	Transfer Shares to my FOLIOfn Account
		<input type="checkbox"/> OR <input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> OR <input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> OR <input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> OR <input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> OR <input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> OR <input type="checkbox"/>	<input type="checkbox"/>

**Additional Assets (Not Including Stock)**

Number of Shares or "All"	Description of Asset	Sell and Transfer Cash Proceeds to my FOLIOfn Account
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>